



Montgomery County Maryland  
Department of Permitting Services

(240) 777-6240 Fax (240) 777-6262  
<http://permittingervices.montgomerycountymd.gov>

255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, Maryland 20850-4153



## RENEWAL APPLICATION FOR ELECTRICAL CONTRACTOR BUSINESS LICENSE

**COMPANY/CORPORATIONS FILL OUT SECTIONS A & B  
ALL OTHERS FILL OUT SECTIONS A & C**

FOR OFFICE USE ONLY		FEE	\$275.00
License No. _____	Check No. _____	Fee Paid: _____	
Receipt No: _____	Issue Date: _____	Expiration Date: _____	
Approved { }	Disapproved { }	Date _____	
Signature _____			

**SECTION A-1 Is the Corporation qualified to do business in Maryland?      { } Yes      { } No**

Name of Resident Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Resident Agent's Address: \_\_\_\_\_

**SECTION A-2 LICENSED MASTER(S) AND/OR LIMITED MASTER(S) RESPONSIBLE FOR SUPERVISION OF WORK**

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Limitations (if any): \_\_\_\_\_

**SECTION B-1 – IDENTIFICATION**

Federal Identification No: \_\_\_\_\_

Name of Corporation: \_\_\_\_\_ License No: \_\_\_\_\_

Address: \_\_\_\_\_

Where Incorporated: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**SECTION B- 2 – OFFICERS & OWNERSHIP IN APPLICANT FIRM**

President: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Vice President: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Secretary: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Treasurer: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

## SECTION B-2 (CONT.)

Other Stockholders over 25% \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
(List any Stockholder(s) and/or officer(s) of the Corporation holding office in any other Electrical Contracting or Building Construction firm. Also indicate name of firm. Use supplementary sheet, when needed, to answer this section fully.)

## SOLE/PARTNERSHIP

### SECTION C-1 – IDENTIFICATION

Full Name of Individual \_\_\_\_\_  
Trade Name \_\_\_\_\_ License No. \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Telephone No. \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

### SECTION C-2 – NAME OF PARTNER(S)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any partner(s), including applicant, where same is affiliated with any other construction or building firm. Also, indicate name of firm. (Use supplementary sheet, when needed, to answer this section fully.)

### SECTION D – LICENSES AND VIOLATIONS (since last renewal)

Has any individual, officer or owner ever filed for bankruptcy or insolvency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has individual or Corporation ever had a Builder's License/Electrical License or Bond suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any building/electrical code violations now outstanding Against the individual or Corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any individual, officer or owner been convicted of a criminal Offense other than traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(If YES to any of the above questions, give dates, license #, and details on a separate sheet.)

**NOTE:** Any change of partnership, corporation name change, master's affiliation, corporation personnel or any other change Affecting the validity of this license must be submitted in writing to the Board of Electrical Examiners within fifteen days with all pertinent details. The license change must be submitted with the \$58.30 fee.

**\* A 10% Automation Enhancement Fee has been added to all fees listed.**

### AFFIDAVIT

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF." I further authorize the release of any information contained within this application to an authorized representative of the Department of Permitting Services for further investigation.

\_\_\_\_\_  
Owner/President or first Partner Signature

\_\_\_\_\_  
Corporate Secretary or Second Partner Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_